

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560523

FILING DATE

12/13/05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3			1			
4		3				
5		3				
6	1		1			
7						
8						
9						
10		4				
11		4				
12	1		1			
13						
14						
15	1		1			
16		1				
17						
18						
19	4					
20	4					
21	8					
22	8					
23						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			18			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						